

FILED DEC 9 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39216

State File No.

BIRTH NO. REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1318

1. PLACE OF DEATH a. COUNTY <u>Nodaway Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Joseph</u>				c. LENGTH OF STAY (In this place) <u>2 days</u>		c. CITY OR TOWN <u>Skidmore</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Methodist</u>				e. STREET ADDRESS (If rural, give location) <u>none</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>SUSIE</u>		b. (Middle) <u>J.</u>		c. (Last) <u>ASHBROOK</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11 27 57</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>2/5/81</u>	
9. AGE (In years last birthday) <u>76</u>		10. UNDER 1 YEAR Months Days		11. UNDER 1 MRS. Hours Min.		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>unknown</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>unknown</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Little River, Kansas</u>	
13a. FATHER'S NAME <u>George C. Ashbrook</u>				13b. MOTHER'S MAIDEN NAME <u>Melinda Catherine Wood</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>				16. SOCIAL SECURITY NO. <u>500-36-1785</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Ray Strickler, Skidmore, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary fibrosis and emphysema</u> ANTECEDENT CAUSES <u>Due to (b) Recurrent bronchial asthma.</u> DUE TO (c) <u>241X</u> 2. OTHER SIGNIFICANT CONDITIONS <u>Right ventricular hypertrophy ("chronic coro-pulmonale")</u>			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Nov. 25, 1957</u> , to <u>Nov. 27, 1957</u> , that I last saw the deceased alive on <u>Nov. 26, 1957</u> , and that death occurred at <u>8:45A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Mary C. Toller, Jr.</u>				23b. ADDRESS <u>M. D. St. Joseph, Missouri</u>		23c. DATE SIGNED <u>11/30/57</u>	
24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11/30/57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hillcrest</u>		24d. LOCATION (City, town, or county) (State) <u>Skidmore, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>12-4-57</u> REGISTRAR'S SIGNATURE <u>Mrs. Robert Fulton</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Price Funeral Home, Maryville, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
.....

Licensed Embalmer No. 1822

P. O. Address.....
.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.